

FILLED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27372

State File No.

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 3030

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether  
In this community 18 yrs. 0  
years, months or days)

3. (a) PRINT  
FULL NAME ANTONIA MENDEZ

3. (b) If veteran, name war \*\*\*\*\* 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Ingencio Mendez 6. (c) Age of husband or wife if alive 13 years 1870  
7. Birth date of deceased Sept. 13 (Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 21 If less than one day hr. min.

9. Birthplace Texas (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name Unknown  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gregory Valadez  
(b) Address 2305 Bellevue Street  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 11 41 (Month) (Day) (Year)  
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Weilert Funeral Home  
(b) Address 2332 Monitor Place; K.C. Mo.  
19. (a) 8/11/41 (Date received local Registrar) (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City (If outside city or town limits, write "RURAL")  
(d) Street No. 2305 Bellview (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8th year 1941 hour 10 minute 40 A. M.

21. I hereby certify that I attended the deceased from 8-4-41 to 8-8-41, 1941  
that I last saw her alive on 8-8-41  
and that death occurred on the date and hour stated above.

Immediate cause of death  
CEREBRAL HEMORRHAGE

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (c) Means of injury

23. Signature Dr. R. P. Flora (M. D. or other) P  
Address Med. Dir. K.C. Gen. Hospital Date signed

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Blaine E. Wierent*

Licensed Embalmer No.....

*4075*

P. O. Address.....

*2332 Monitor Plac*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**